TEXAS
Health and Human Services

Texas Department of State Health Services

TexasAIM Summit Leadership Meeting

Monday December 7, 2020

Noon-1:35 PM CST

Welcome and Orientation to the Platform

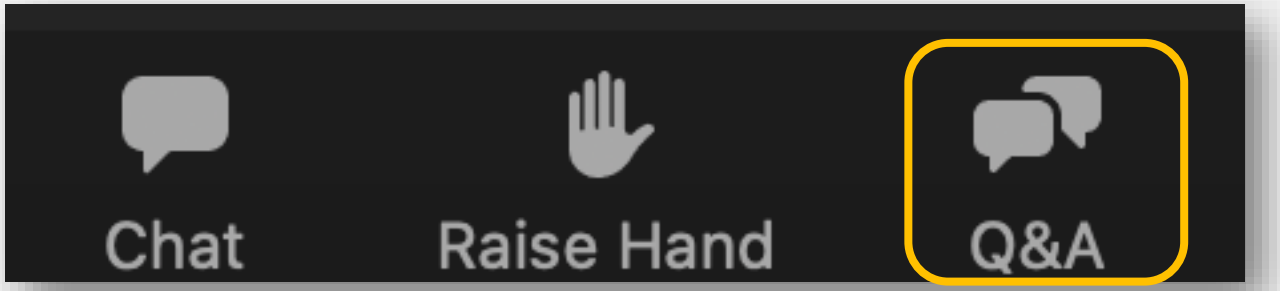
Julie Stagg, MSN, RN
Healthy Texas Mothers and Babies Branch Manager
Maternal and Child Health Unit and Section
Community Health Improvement Division, Texas Department of State Health Services

Housekeeping

- **Thank you for joining Day 1 of the TexasAIM 2020 Virtual Summit!**
- Today's Summit is being **recorded.** All conference documents, slides and recordings will be made available to you after the Summit concludes.
- **At the end of each day, please complete an evaluation survey.** A link will be shared in the chat and via email.

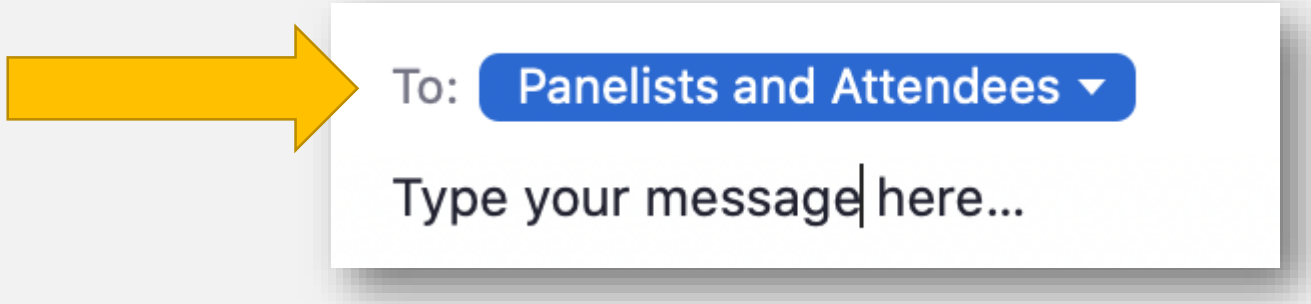
We want to hear from you!

- Your feedback is very important, and speakers want to hear from you!
- If you have questions for the panelist, please submit these in the **Q&A box**.



Interacting with Attendees

- Please use the **Chat box** to engage with the other attendees and panelists.
- When using the chat box, you can select who you want your message to go to. **Select To: Panelist and Attendees for your message to go to everyone**



Technical Difficulties

- **Tips for Technical Difficulties:**
  - Check your WiFi signal strength;
  - Try restarting
  - Log off and log back on
- **For additional support, contact:**
  - Jon Gibson at jgibson@utsystem.edu, by chat or text to 512-695-4351

Continuing Education Credits

Continuing education credit/contact hours for this event are provided by The Texas Department of State Health Services, Continuing Education Service and include the following:

Continuing Medical Education:

The Texas Department of State Health Services, Continuing Education Service is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Department of State Health Services, Continuing Education Service designates this live activity for a maximum of 1.25 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Nursing Education:

The Texas Department of State Health Services, Continuing Education Service is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Texas Department of State Health Services, Continuing Education Service has awarded 1.25 contact hour(s) of Continuing Nursing Education.

Continuing Education Credits

To receive continuing education credit or a certificate of attendance participants must:

- Complete registration and sign into the meeting using the Zoom link sent to you prior to the event
- Attend all sessions for each day requesting credits for
- Participate in education activities
- Complete and submit evaluation at the end of each day

Disclosure to the Learner

Commercial Support

This educational event received no commercial support.

Disclosure of Conflict of Interest

The speakers and Planning Committee for this event have disclosed no financial interests.

Non-Endorsement Statement

Accredited status does not imply endorsement of any commercial products or services by the Department of State Health Services, CE Service; Texas Medical Association; or American Nurse Credentialing Center.

Off Label Use

The speakers did not disclose the use of products for a purpose other than what it had been approved for by the Food and Drug Administration.

Expiration for awarding contact hours/credits

If you are requesting continuing education unit (CEU) credits, please complete and submit the CEU leadership meeting and summit evaluation for EACH day you attended.

Continuing Education Attendance and Evaluation

- To receive CEU credits you must attend the full meeting.
- If you are requesting CEU credits, please complete **TODAY** the Continuing Education Evaluation for TexasAIM Leadership Meeting that will be sent to you after the meeting.
- If you are requesting CEU credits but attending the meeting with another colleague and did NOT log into Zoom, please request your CEU Attendance Verification Package via email at TexasAIM@dshs.texas.gov and Yahaira.Rodriguez@dshs.texas.gov within 24 hours after the completion of this meeting. TexasAIM team will email you an Attendance Verification Package for you to complete.

Continuing Education Learning Objective

Upon completion of this meeting, participants will be able to:

- Describe the impact of implementing TexasAIM toward achievement of health care quality and the Triple Aim in health care.

Manda Hall, MD

John W. Hellerstedt, MD

Lisa M. Hollier MD, MPH, FACOG

Welcome and Introductions

Maternal Health and Safety: A State Public Health Priority

John W. Hellerstedt, MD

Commissioner, Texas Department of State Health Services (DSHS)

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Highlights for Hospital Leaders from the 2020 MMMRC and DSHS Joint Biennial Report

Lisa M. Hollier, MD, MPH, FACOG

Chair, DSHS Maternal Mortality and Morbidity Review Committee

Pregnancy-Related Mortality

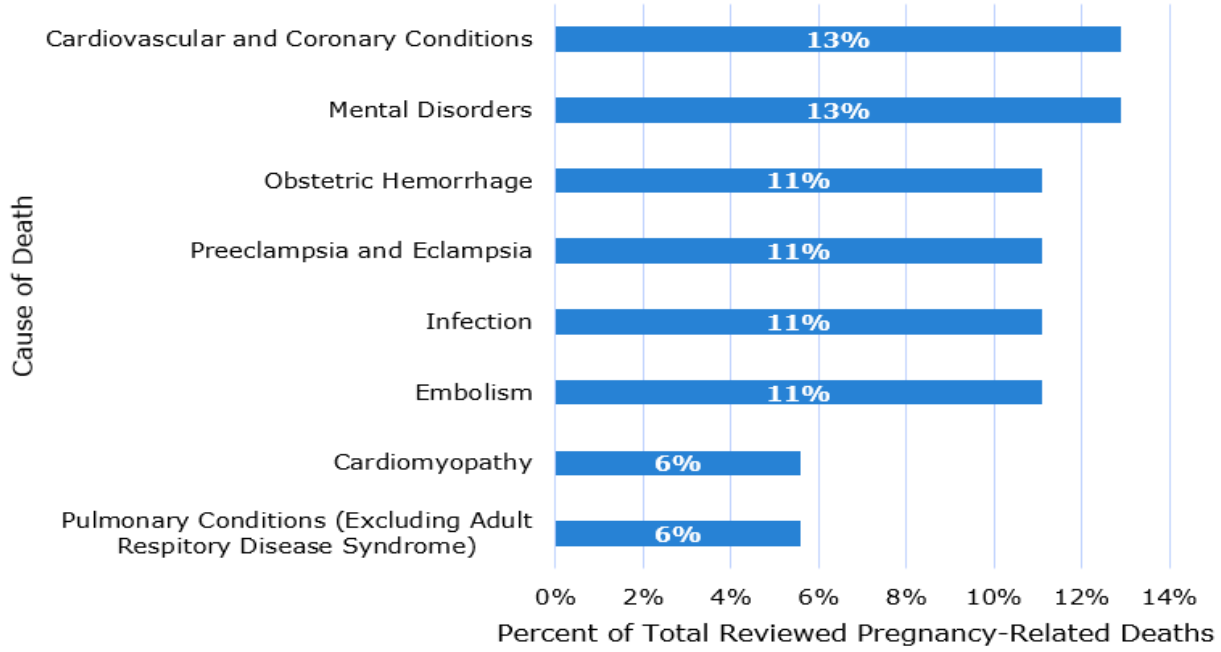
Nearly 40 percent of the reviewed 2013 pregnancy-associated cases were identified as being *pregnancy-related.*

A *pregnancy-related death* is the death of a woman during pregnancy or within one year of the end of pregnancy **from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.**

Top Causes of Death

Eight underlying causes of death accounted for 82 percent of all pregnancy-related death among reviewed 2013 cases.

Chart F-1: Leading Underlying Causes of Reviewed Pregnancy-Related Deaths, Texas, 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)[i]



PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

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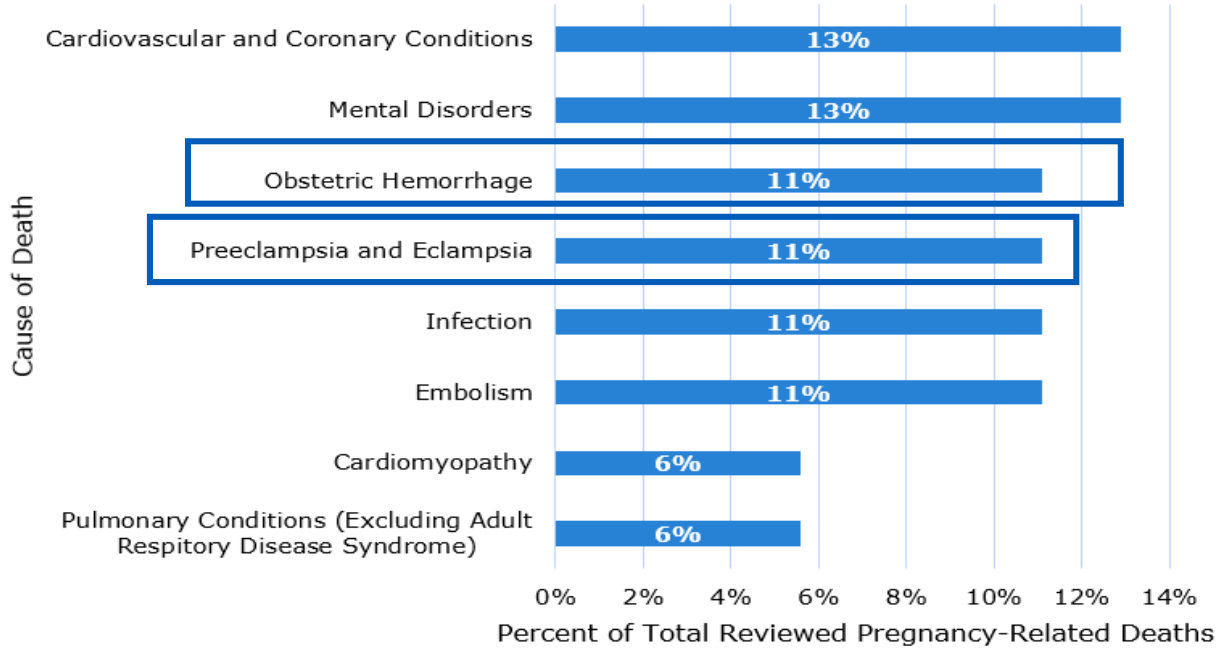


PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

Disparity in Mortality

Disparities persist in maternal mortality. Non-Hispanic Black women are disproportionately impacted.

Race/Ethnicity	Racial/Ethnic Distribution of Reviewed Pregnancy-Related Deaths in 2013	Racial/Ethnic Distribution of Live Births in 2013
Non-Hispanic Black Women	**31%**	**11%**
Hispanic Women	26%	48%
Other Races/Ethnicities	2%	6%
Non-Hispanic White Women	41%	34%

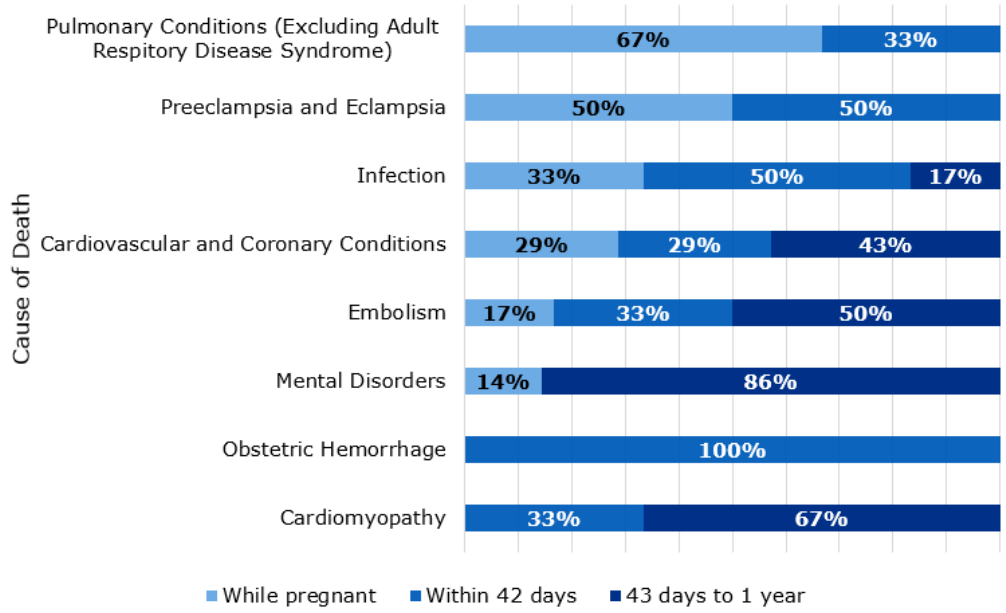
Timing of Maternal Death

Timing of death in relation to pregnancy varies across leading underlying causes of pregnancy-related death.

While pregnant	Within 42 days	43 days to 1 year
29%	40%	31%

Graphic source: : Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Retrieved from http://reviewtoaction.org/Report_from_Nine_MMRCs

Chart F-2: Top Underlying Causes of Reviewed Pregnancy-Related Deaths by Timing of Death in Relation to Pregnancy, Texas 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)[i]



PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

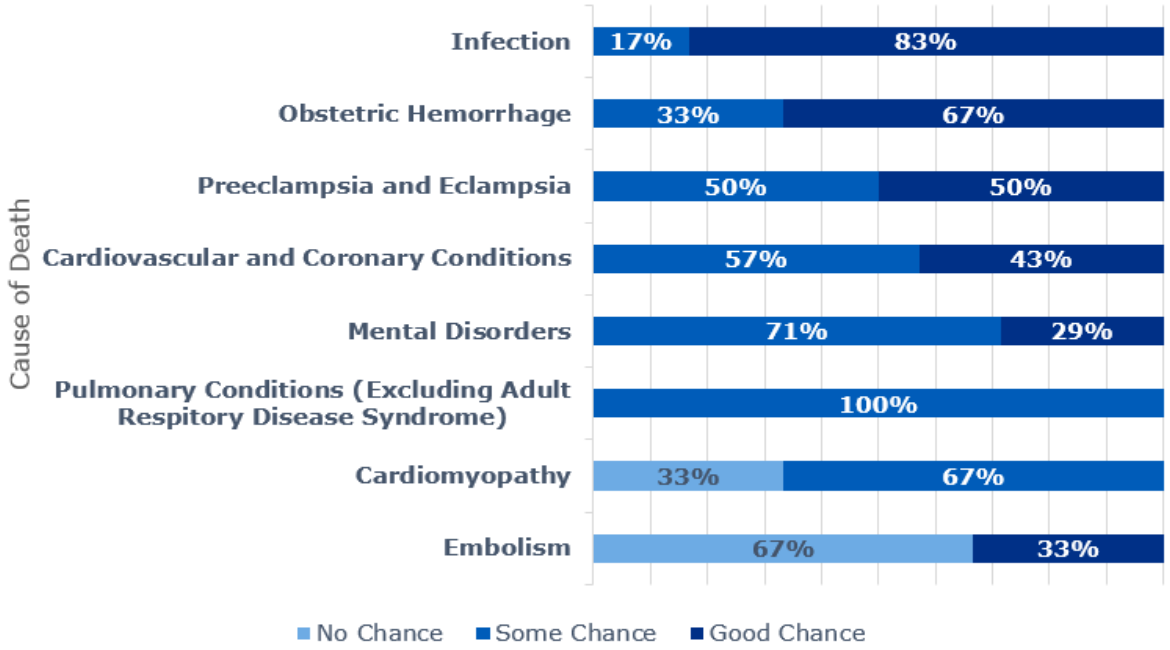
Preventability

Most pregnancy-related deaths were preventable.

89 percent of the reviewed pregnancy-related deaths in 2013 were ***preventable***.

A death is considered *preventable* if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, family, community, provider, or systems factors.

Chart F-3: Degree of Preventability for Top Underlying Causes of Reviewed Pregnancy-Related Deaths by Rating of Chance to Alter Outcome, Texas, 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)[i]



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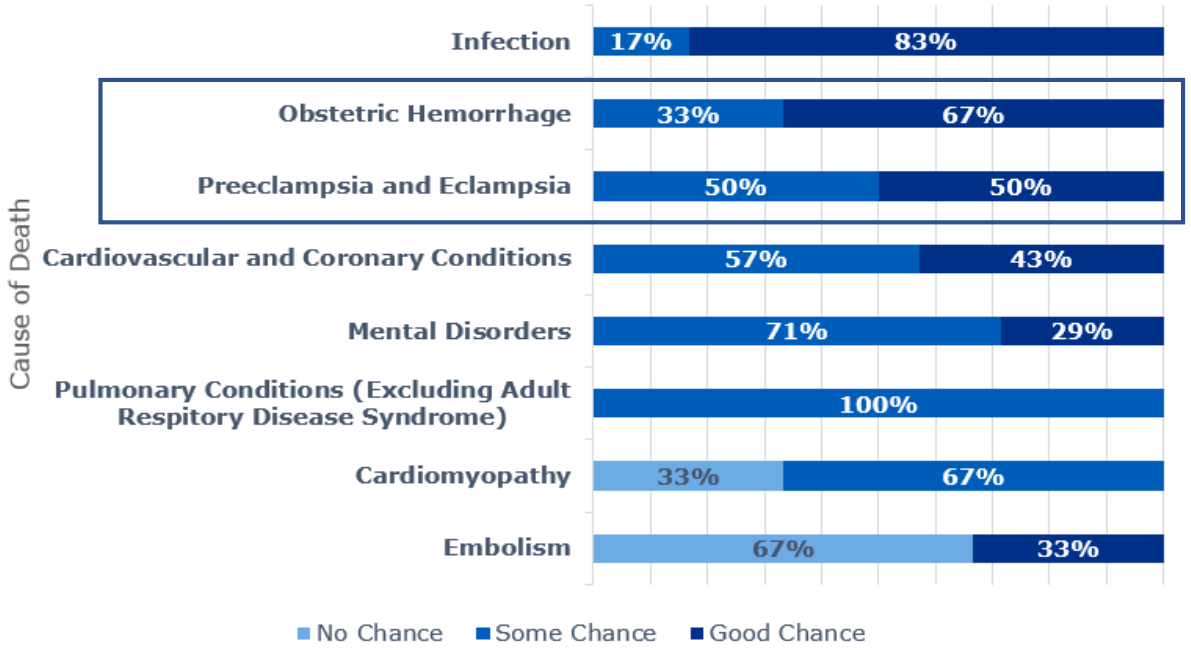


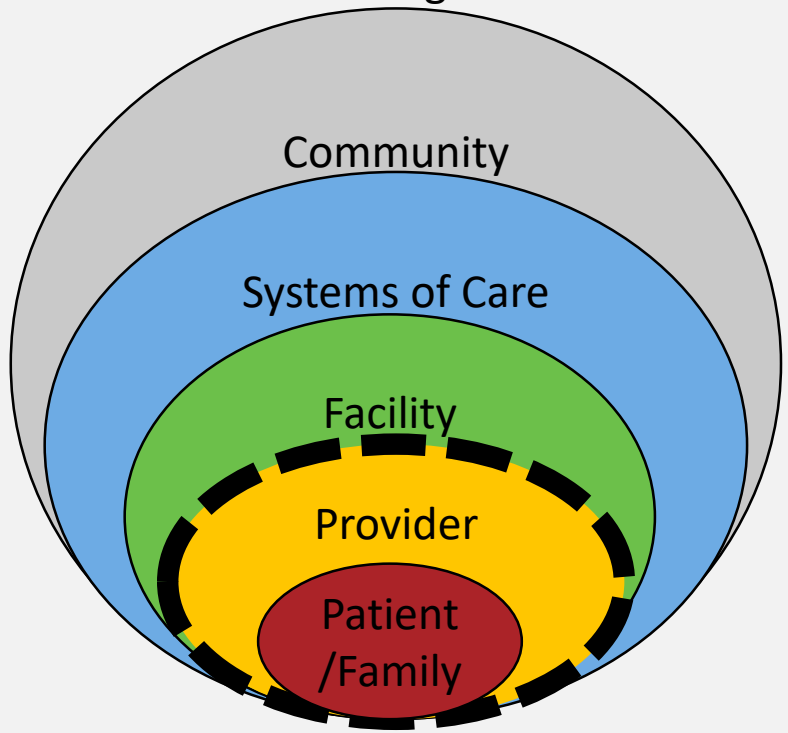
PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

Contributing Factors

Top Contributing Factors Identified by the Texas Maternal Mortality and Morbidity Review Committee: Provider Domain (24%)

1. Clinical Skill/Quality of Care (22%)
2. Lack of Continuity of Care (14%)
3. Delay - referring for care, treatment, or follow up care/action (13%)
4. Knowledge - inadequate education, knowledge or understanding (14%)
5. Failure to screen/inadequate assessment of risk (13%)

Domains of Contributing Factor Themes in a Social-Ecological Model

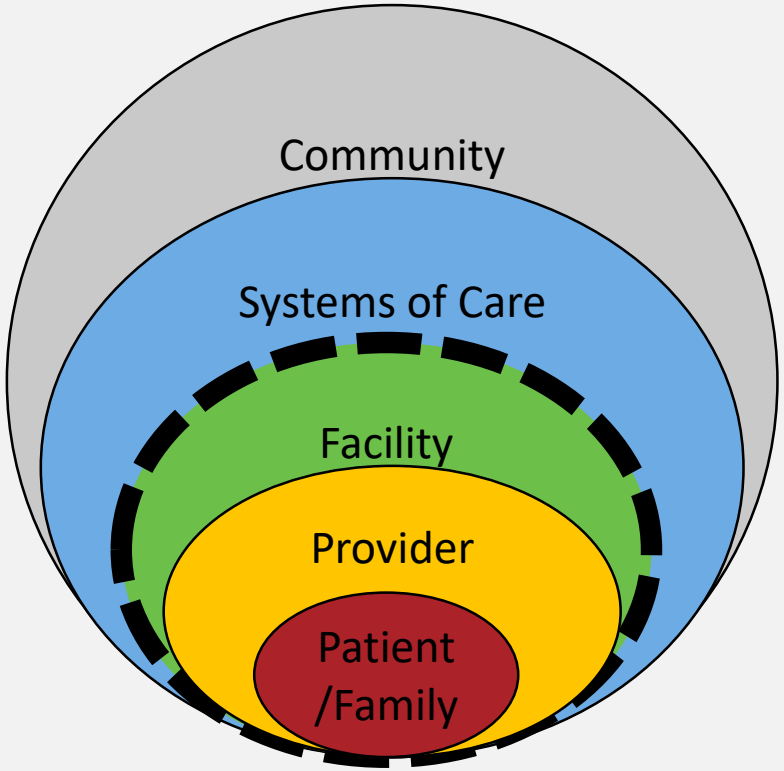


Contributing Factors

Top Contributing Factors Identified by the Texas Maternal Mortality and Morbidity Review Committee: Facility Domain (17%)

1. Lack of Continuity of Care (17%)
2. Clinical Skill/ Quality of Care (14%)
3. Delay (13%)
4. Lack of Standardized Policies and Procedures (11%)
5. Knowledge - inadequate education, knowledge or understanding (10%)

Domains of Contributing Factor Themes in a Social-Ecological Model



Texas Maternal Mortality and Morbidity Review Committee Recommendations

Recommendation

Implement statewide maternal health and safety initiatives to reduce maternal mortality and morbidity.

Recommendation

Support coordination between emergency and maternal health services, and implement evidence-based, standardized protocols to identify and manage obstetric and postpartum emergencies.

Recommendation

Improve postpartum care management and discharge education for patients and families.

Thank you!

Highlights for Hospital Leaders from the 2020 MMMRC and DSHS Joint Biennial Report

lmhollie@texaschildrens.org

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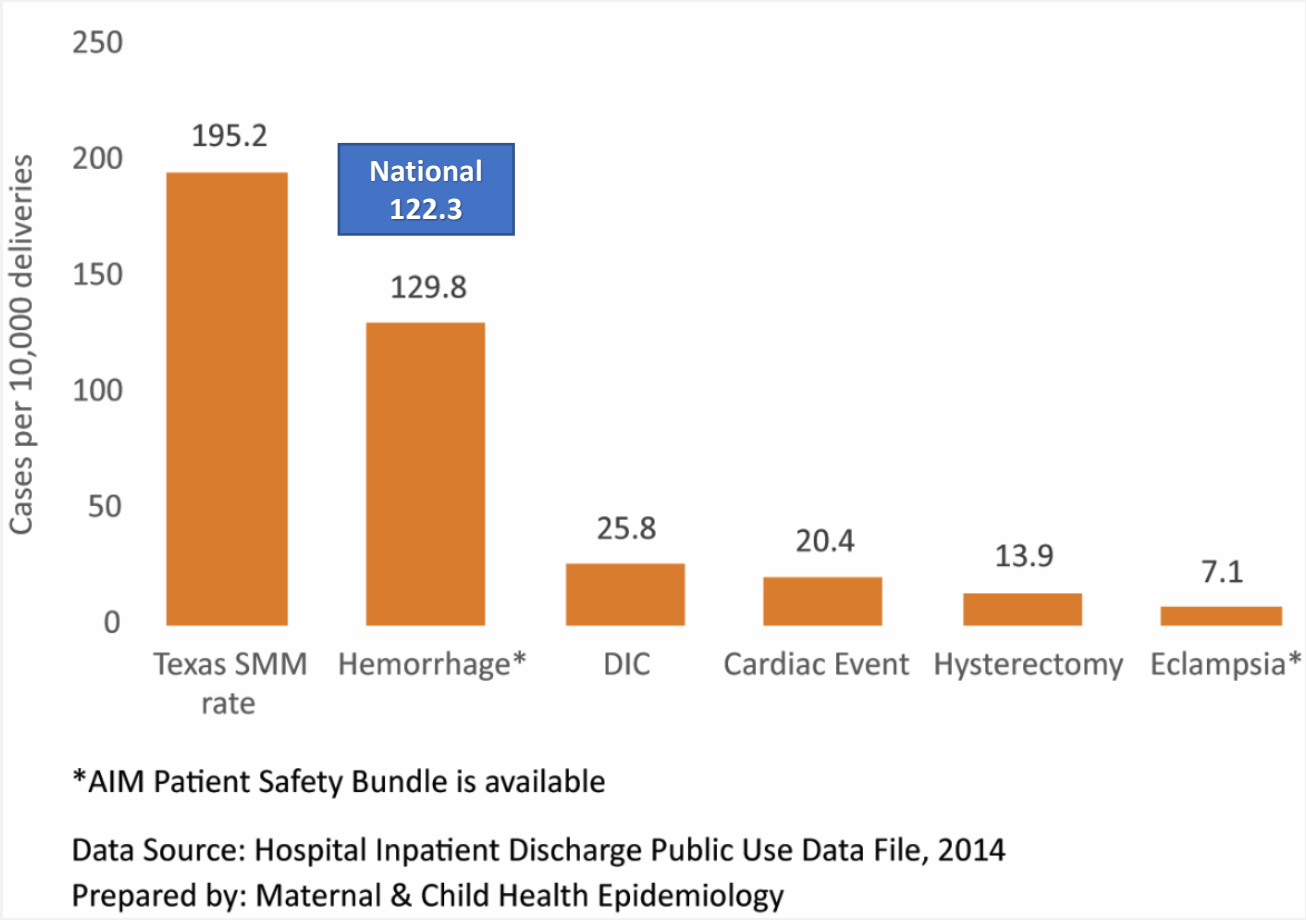
TexasAIM OBH Learning Collaborative Highlights

TexasAIM 2020 Virtual Leadership Meeting

December 7, 2020

Carey Eppes, MD, MPH and Julie Stagg, MSN, RN

TexasAIM Postpartum Hemorrhage Bundle



*AIM Patient Safety Bundle is available

Data Source: Hospital Inpatient Discharge Public Use Data File, 2014
Prepared by: Maternal & Child Health Epidemiology

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
safe health care for every woman

READINESS

Every unit

- Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches
- Immediate access to hemorrhage medications (kit or equivalent)
- Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services)
- Establish massive and emergency release transfusion protocols (type-O negative/uncrossmatched)
- Unit education on protocols, unit-based drills (with post-drill debriefs)

RECOGNITION & PREVENTION

Every patient

- Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
- Measurement of cumulative blood loss (formal, as quantitative as possible)
- Active management of the 3rd stage of labor (department-wide protocol)

RESPONSE

Every hemorrhage

- Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists
- Support program for patients, families, and staff for all significant hemorrhages

REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of serious hemorrhages for systems issues
- Monitor outcomes and process metrics in perinatal quality improvement (QI) committee

PATIENT SAFETY BUNDLE

Obstetric Hemorrhage

KickOff

Hospital CEOs signed participation and data use agreements

Learning Session 1

Action Period 1

Learning Session 2

Action Period 2

Learning Session 3

Simulation

COVID Calls

Action Period 3

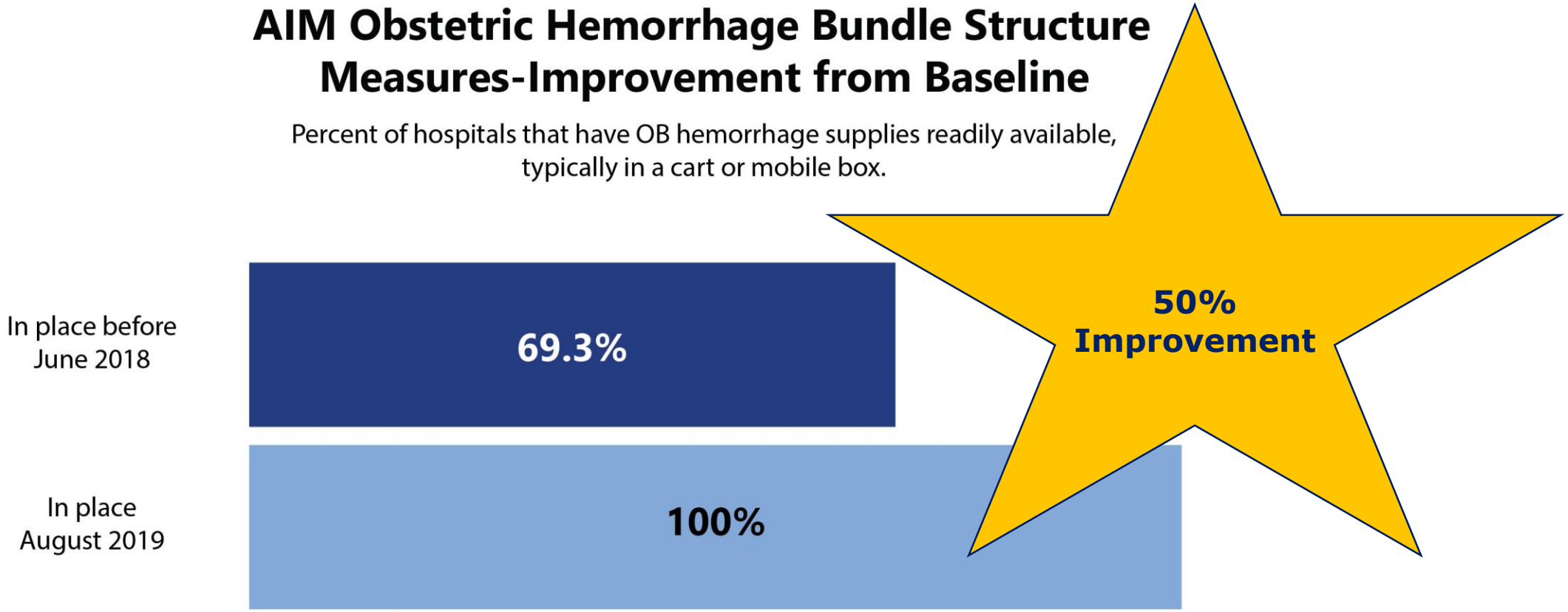
Summit

AIM Obstetric Hemorrhage Bundle Process and Structure Measures

Section Subtitle

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

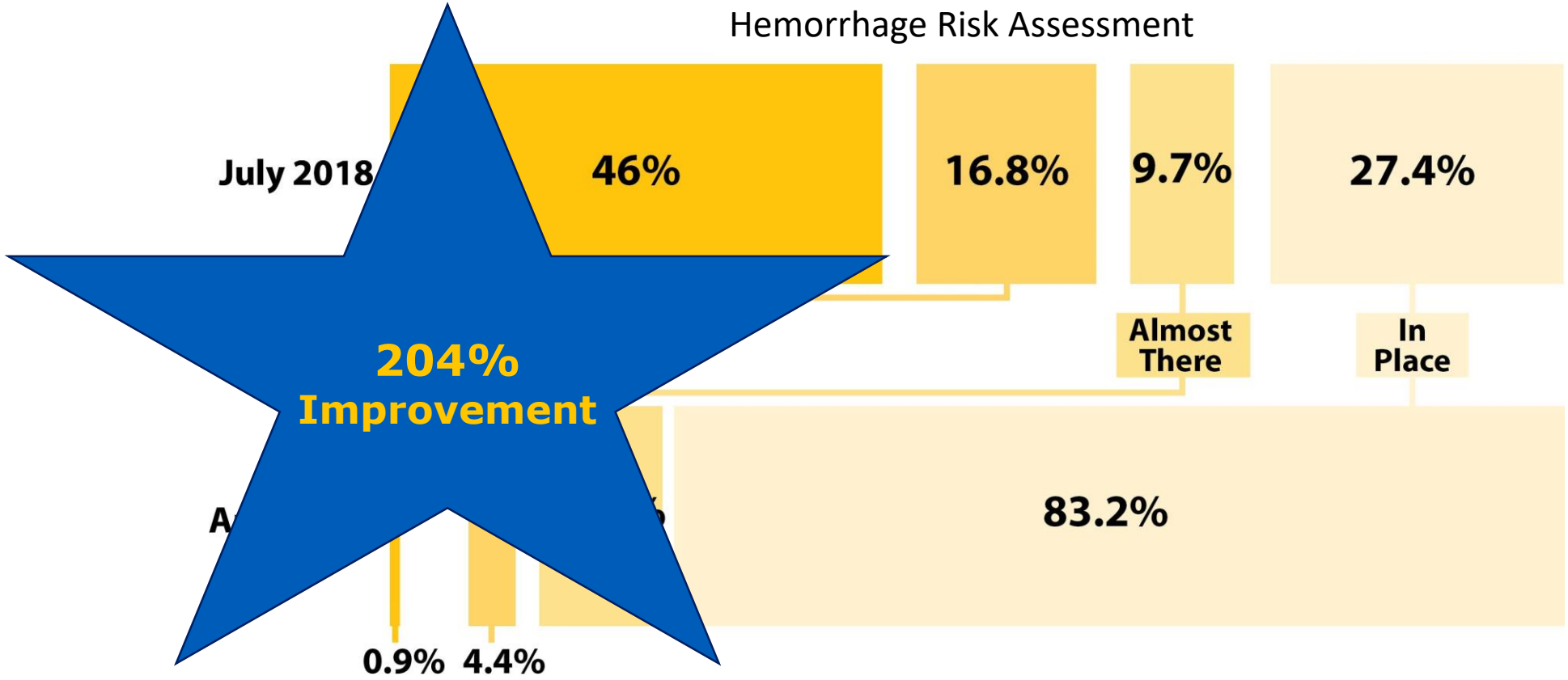
Percent of hospitals that have OB hemorrhage supplies readily available, typically in a cart or mobile box.



Prepared by Maternal and Child Health Epidemiology, October 2020
Source: AIM Structure Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.
For TexasAIM Plus hospitals reporting on structure measures, the percentage of hospitals reporting the bundle component was in place before TexasAIM kickoff in June 2018 and in place through August 2020.

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Hemorrhage Risk Assessment



Prepared by Maternal and Child Health Epidemiology, October 2020

Source: AIM Quarterly Process Measure Data: AIM Data Portal, Healthy Texas Mothers and Babies Branch, DSHS.

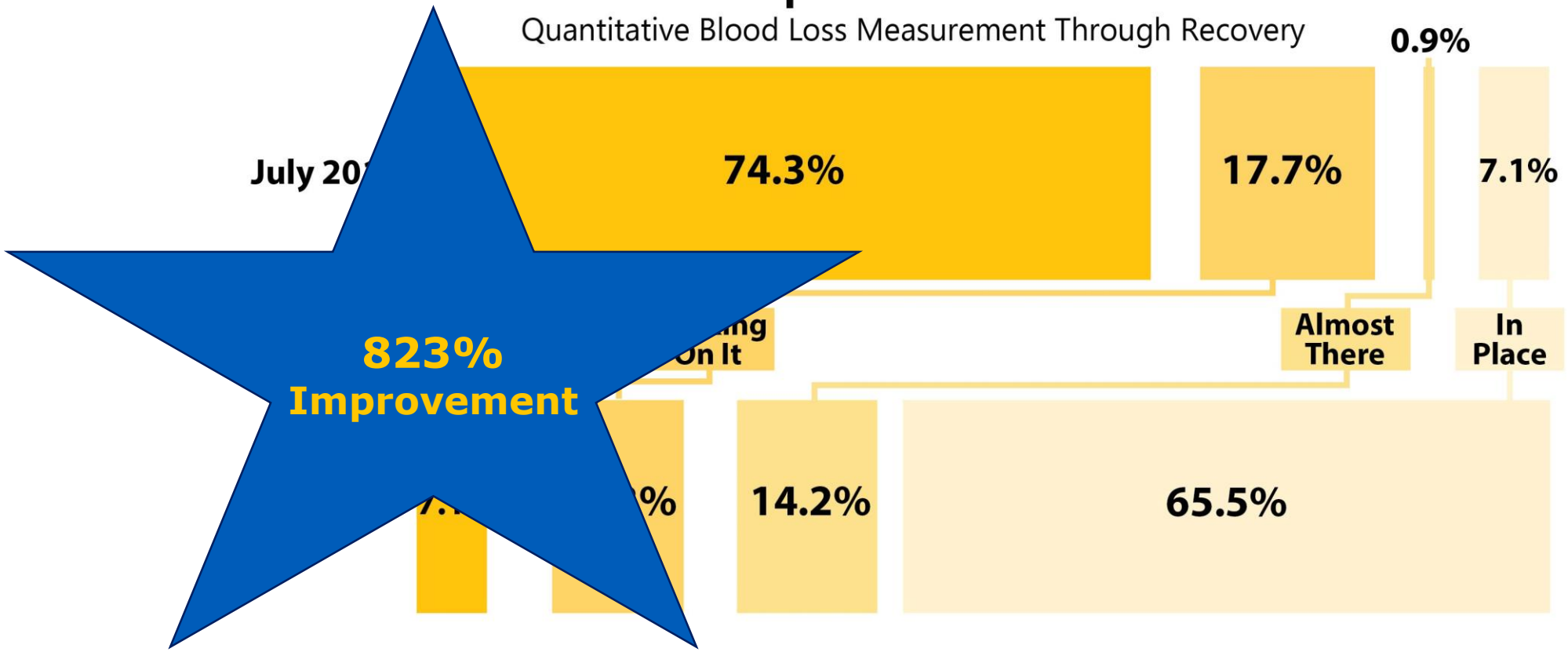
For TexasAIM Plus hospitals reporting on measure for both July 2018 and April 2020 reporting periods, the percentage of hospitals reporting a cumulative proportion for the measure of 0-9%, 10-79%, 80-89%, or 90-100%.

Hemorrhage Cart/ Risk Stratification

- Creating and implementation of a PPH cart for all deliveries
- Assess all patients at admission and with changes in clinical status for PPH risk
- Improve communication with all teams about risk for PPH
- Tie Risk stratification to action – bring PPH cart to all deliveries with risk for PPH

AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Quantitative Blood Loss Measurement Through Recovery



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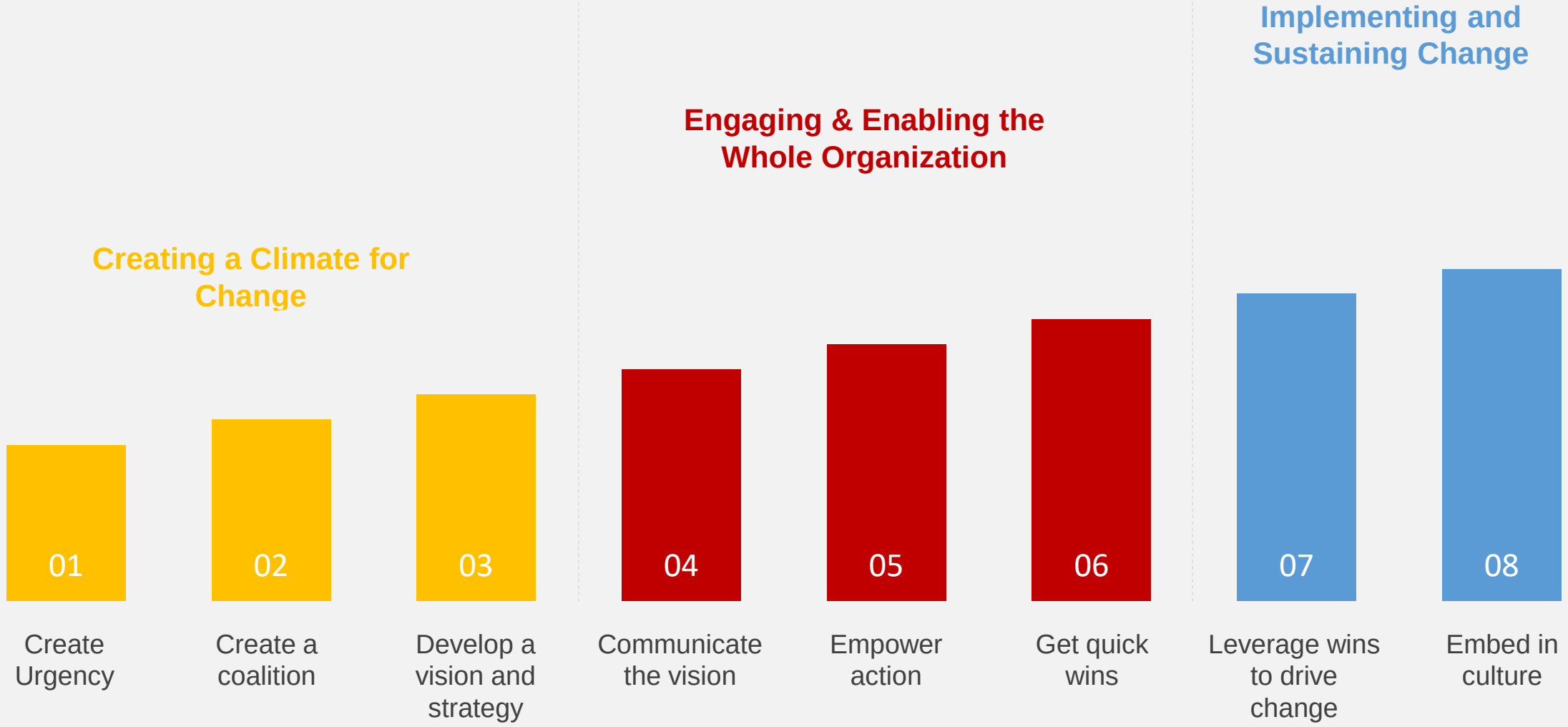
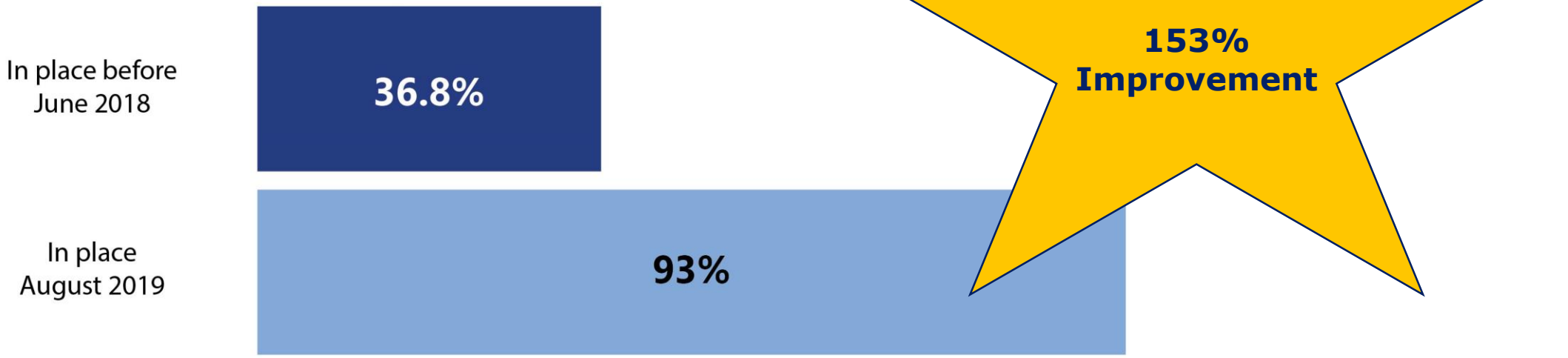
Quantitative Blood Loss



AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals with an OB hemorrhage policy and procedure (reviewed ar
updated in the last 2-3 years) that provides a unit-standard approach using
stage-based management plan with checklists.



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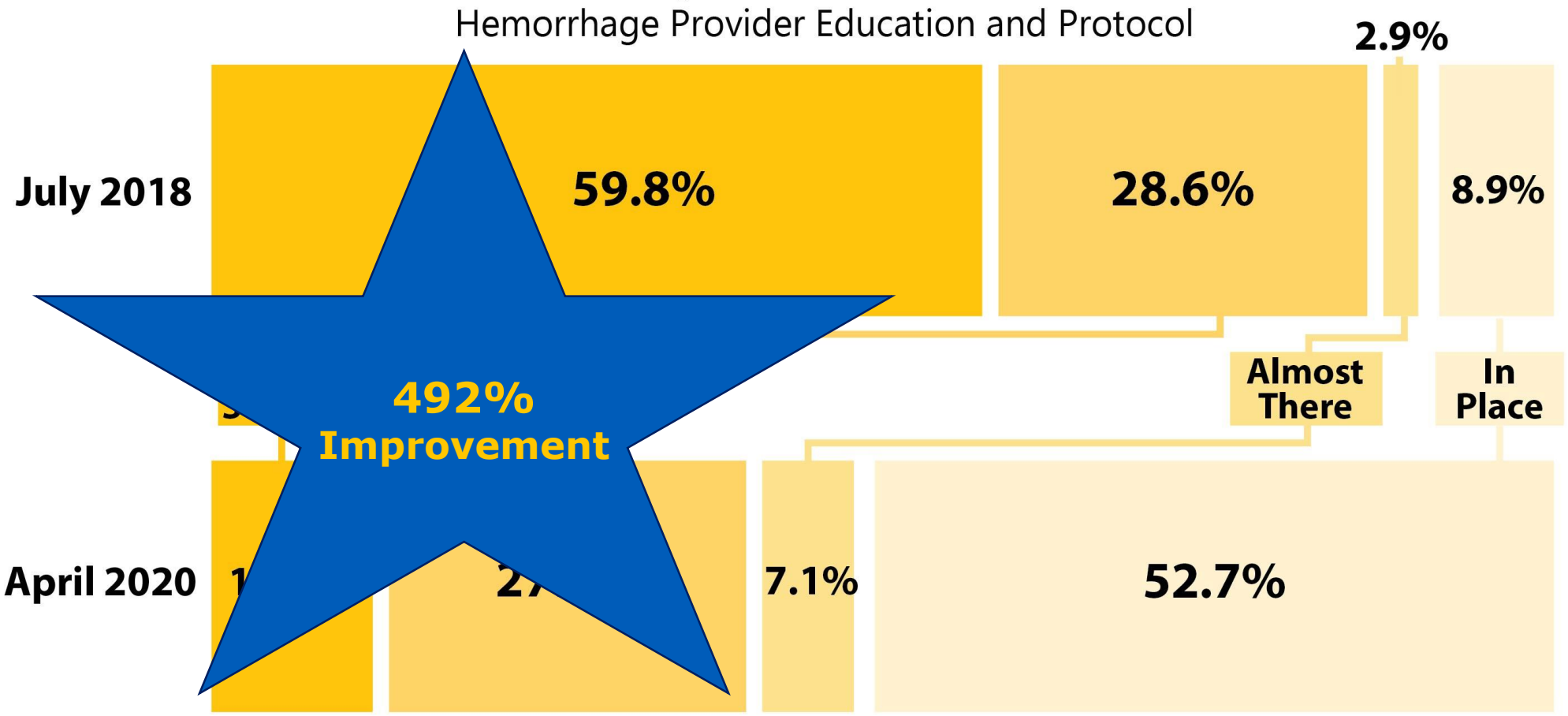
AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline



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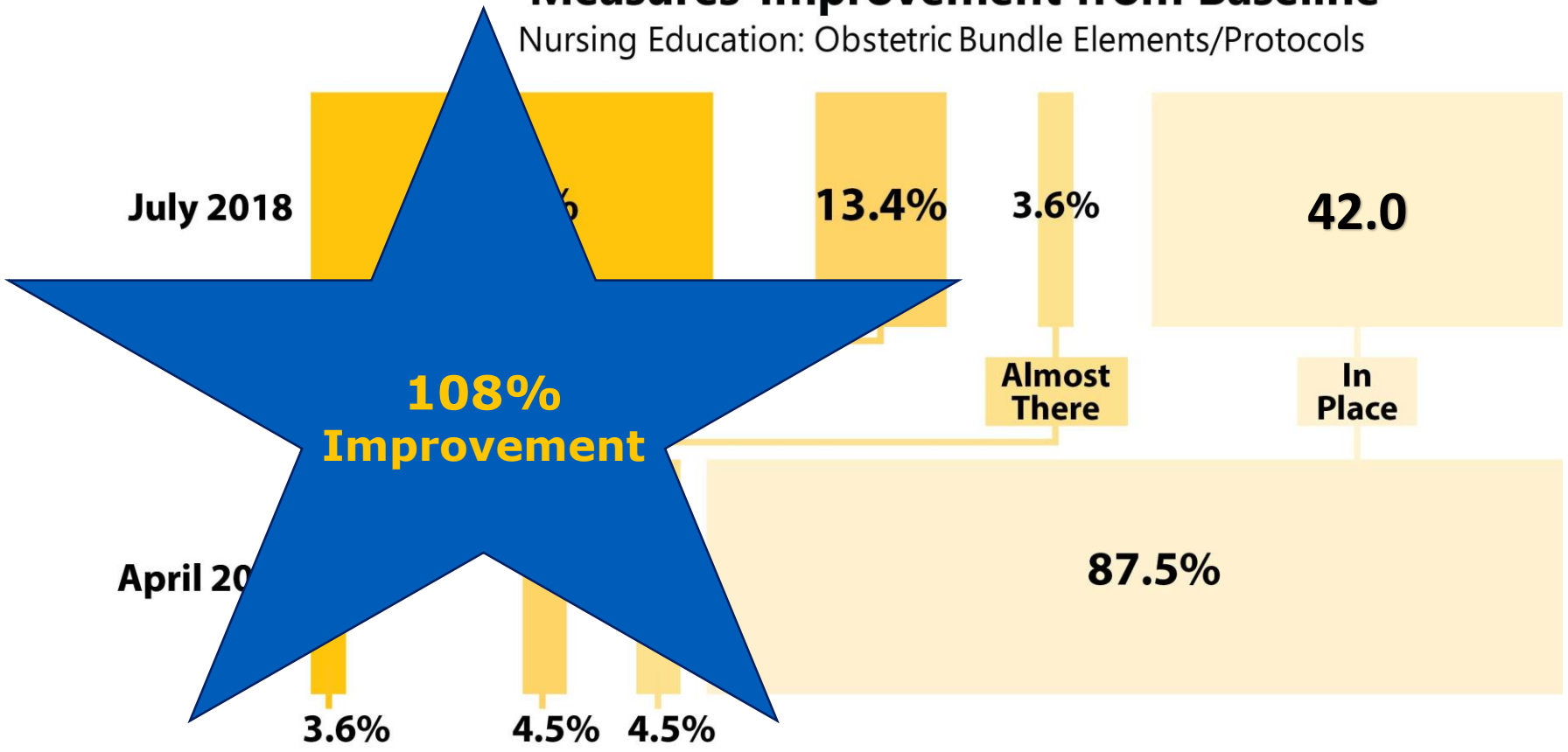
AIM Obstetric Hemorrhage Bundle Process Measures-Improvement from Baseline

Nursing Education: Obstetric Bundle Elements/Protocols



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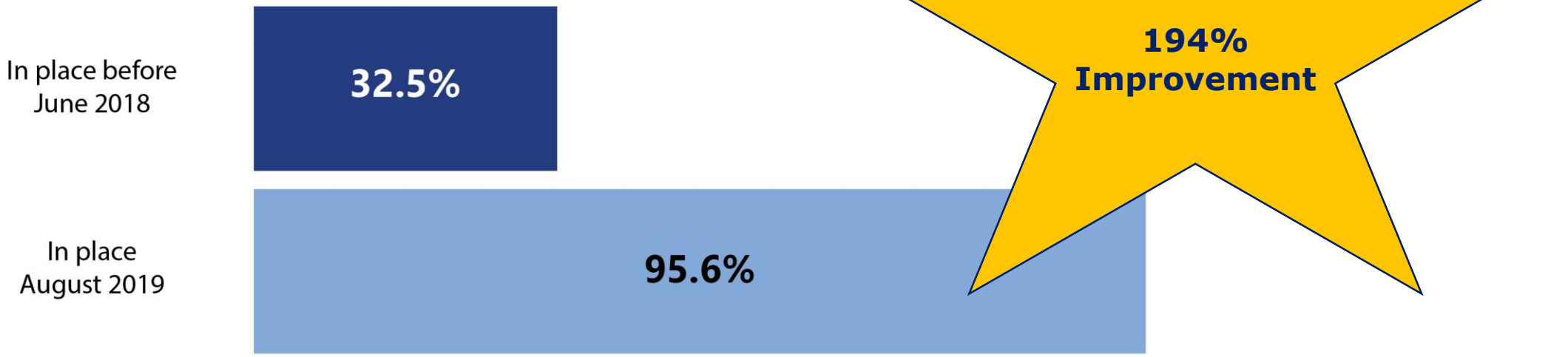
Provider Engagement and Buy-In

AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals that have established a system to perform regular formal debriefs after cases with major complications.



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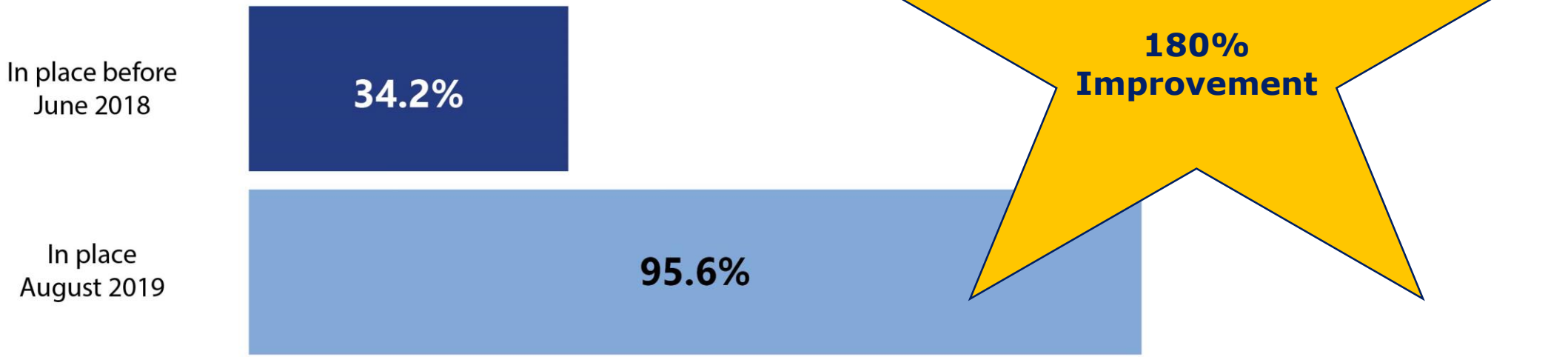
AIM Obstetric Hemorrhage Bundle Structure Measures-Improvement from Baseline

Percent of hospitals that have established a process to perform multidisciplinar
systems-level reviews on all cases of severe maternal morbidity (including wom
admitted to the ICU, receiving ≥4 units RBC transfusions, or diagnosed with a



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The journey to QAPI Development

- Development of data collection
- Multidisciplinary case review
- Simulation
- Debriefs, huddles, pre-briefs

Provisional Finding

- 14% reduction from baseline (2016/2017) in the rate of Severe Maternal Morbidity* among Hemorrhage Cases occurring during initial intervention period [Oct. 2018-Dec. 2019].

*(*excludes cases with only a transfusion code)*

February TexasAIM *Practicing for Patients Obstetric Hemorrhage* Simulation Training of the Trainer

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TexasAIM
OB Care and COVID-19

March-September 2020

TexasAIM COVID-19 Planning and Webinars

Service Delivery Model

Outpatient Care

- Optimizing prenatal care during the pandemic
- Telemedicine
- Care for our high risk
- Telephone triage versus

Inpatient Care

- PUI triage and management
- Care during Delivery
- Transport
- Infant Care

Workforce

- Work exposures/PPE
- Communications
- Changing the workforce based on risks
- Wellness

Strategic planning

- Surge Capacity - workforce
- Surge Capacity- physical
- Supply shortages
- Recovery

Wave 1

Wave 2

Wave 3

Thank you!

TexasAIM OBH Learning Collaborative: Celebrating our Shared Successes

TexasAIM@dshs.Texas.gov

Hospital Perspectives: Maternal Safety Bundles & Health Care Quality

Jamie Morgan MD

Ted Shaw

Peter E. Nielsen
MD, MS, FACOG

Joy O. Henry, MSN, RN

Texas Hospital Association Supports TexasAIM

Ted Shaw, CEO
Texas Hospital Association

Leadership Lessons – Implementing TexasAIM

The Children's Hospital of San Antonio (CHofSA)

Peter E. Nielsen, MD, MS, FACOG, FACS

Professor and Vice Chair

Department of Obstetrics and Gynecology

Baylor College of Medicine

Nielsen's Leadership LAWS

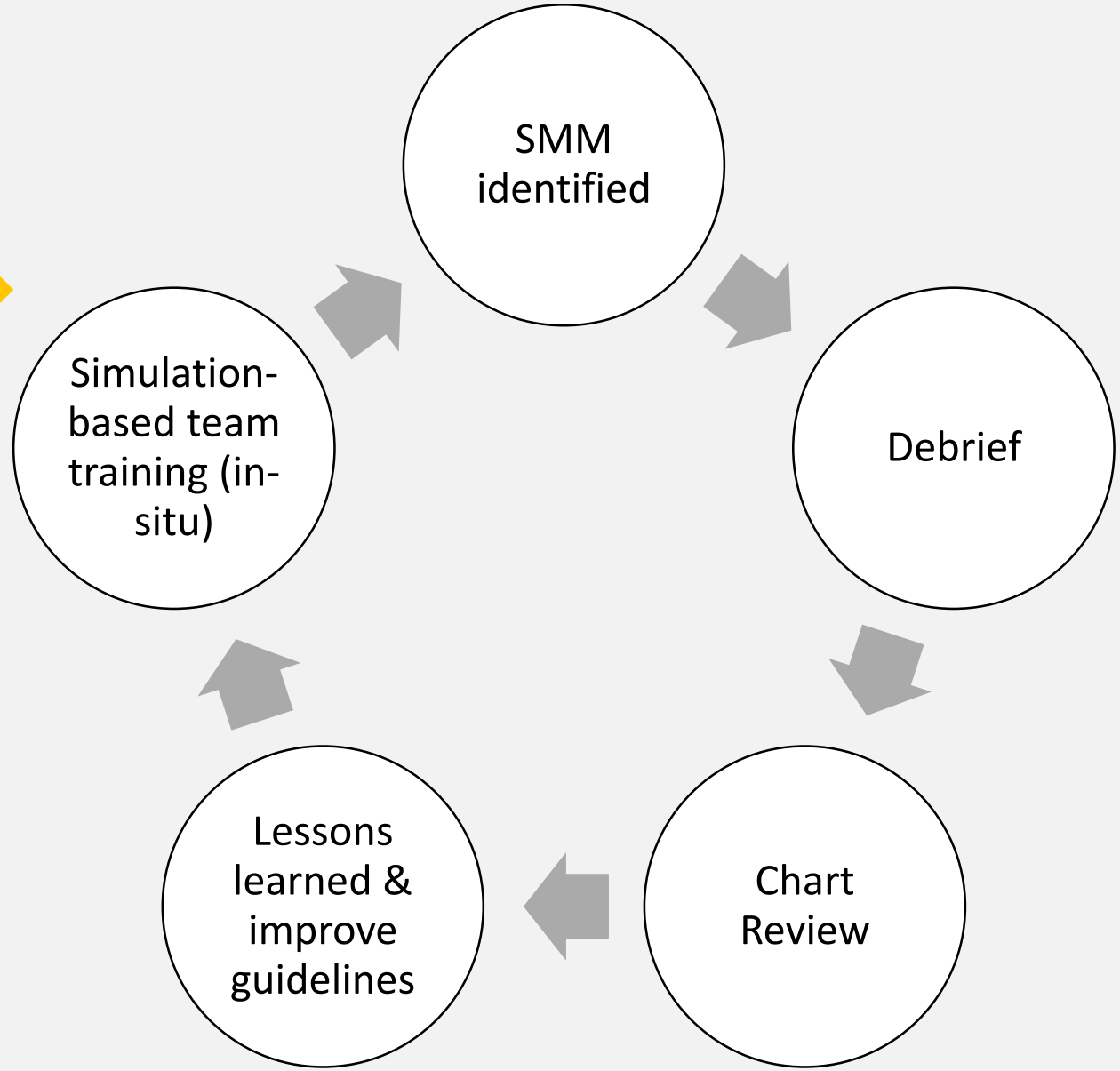
- Listen – Staff has extensive experience and expertise in practical ways to improve patient safety and quality. Their thoughts and ideas create innovation.
- Ask – Query staff about how to implement tactics which will be most effective on the unit and include all team members.
- Watch – Be present and observe team rounds, in-situ simulation drills, debriefs and promote/participate in team-based training. Remember, your staff always watches you too…
- Serve – Create and support an environment which encourages all team members to have active involvement in patient safety and quality. Ensure they are provided the time and resources.

TexasAIM – Keys to Success

- Early buy-in from senior leadership and key clinicians.
- Maternal Medical Director, Baylor College of Medicine (BCM) physician with national recognition for patient safety, quality and team training.
- Key nursing leadership involvement on the ward.
- Daily education at team rounds for re-enforcement of key elements.
- BCM physicians and CHofSA nursing leaders provided time for participation at TexasAIM meetings.
- Community physician education via on-the-spot opportunities while awaiting delivery or scheduled C/S.

Quality Assessment and Performance Improvement (QAPI)

- Create process to identify all severe maternal morbidity (SMM)
- Perform debrief
  - Use standard tool
  - Train all to lead
- Chart review (MMD and MPM)
- Identify lessons learned
- Perform simulation-based team training (in situ)



Reducing Maternal Morbidity and Mortality – Additional Efforts

- Provided key faculty for obstetric hemorrhage, simulation-based team training for TexasAIM hospitals.
- Multiple BCM (CHofSA) staff physicians are LoMC surveyors.
- Expertise in simulation-based obstetric team training with implementation across CHRISTUS Health.
- Three BCM physicians from CHofSA and one from Houston (the chair) selected as faculty for TexasAIM severe hypertension in pregnancy learning collaborative, including the simulation chair (from CHofSA).
- Outreach to STRAC hospitals for education and training in reducing morbidity and mortality associated with obstetric hemorrhage, hypertension and COVID-19 infection.
- Research and testing to develop a pregnancy and postpartum-specific maternal cardiac arrest curriculum for credentialed providers and first responders ($2M NIH grant-funded).

Ob Hemorrhage TexasAIM Faculty

BCM (CHofSA):

Brook Thomson, MD

Shad Deering, MD

BCM (TCH):

Carrie Eppes, MD

CHofSA/CHRISTUS:

Debbie Hart, RN

Amber Pocrnich, RN

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Texas Department of State Health Services

Thank you!

Leadership Lessons – Implementing Texas AIM

Peter E. Nielsen, MD, MS, FACOG, FACS

peter.nielsen@christushealth.org

Faith Community Hospital

Jacksboro, TX

Joy Henry M.S.N, R.N.
Chief Nursing Officer

Q&A

Jamie Morgan, MD

TexasAIM Deputy Medical Director

TexasAIM: The Journey Continues-Leaving in Action

Carey Eppes, MD, MPH

Julie Stagg, MSN, RN

TEXAS
Health and Human Services

Texas Department of State Health Services

TexasAIM The Journey Continues
Leaving in Action

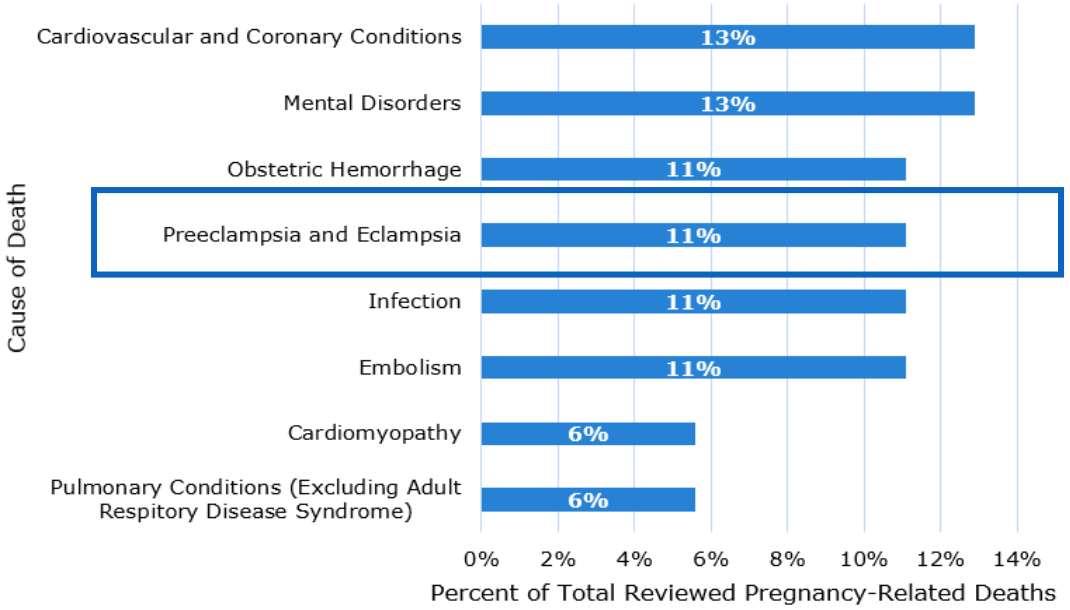
TexasAIM 2020 Virtual Summit

December 8-9, 2020

Cause of Death

Eight underlying causes of death accounted for 82 percent of all pregnancy-related death among reviewed 2013 cases.

Chart F-1: Leading Underlying Causes of Reviewed Pregnancy-Related Deaths, Texas, 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)[i]



PREPARED BY: Healthy Texas Mothers and Babies Branch, Maternal & Child Health Unit, Division for Community Health Improvement, the Department of State Health Services (DSHS).

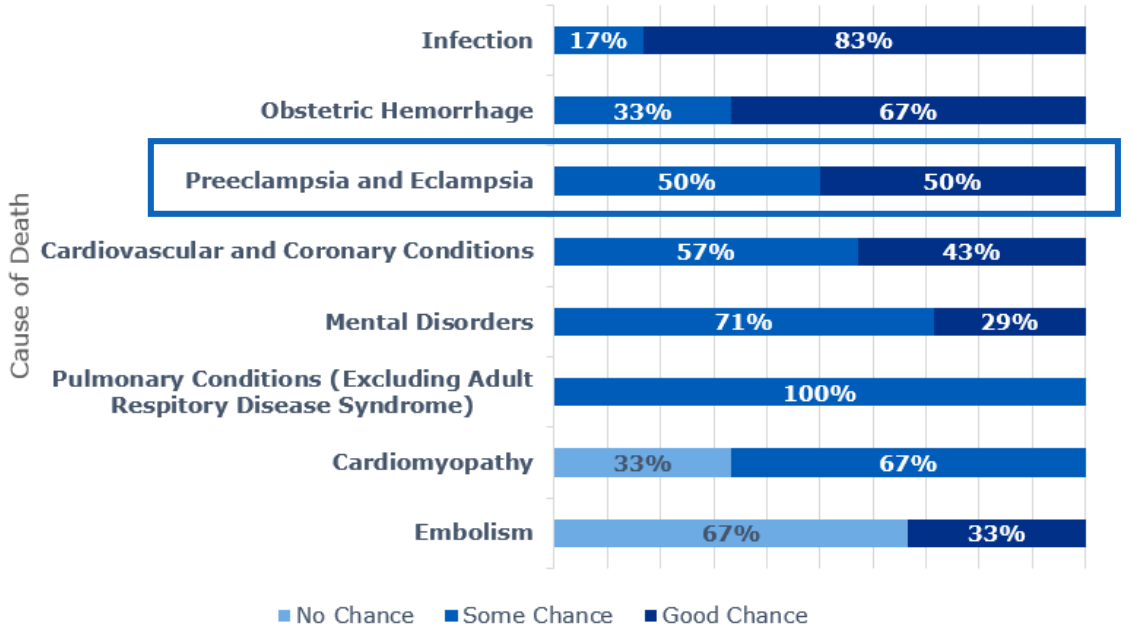
Preventability

Most pregnancy-related deaths were preventable.

89 percent of the reviewed pregnancy-related deaths in 2013 were *preventable*.

A death is considered *preventable* if the committee determines that there was at least some chance of the death being averted by one or more reasonable changes to patient, family, community, provider, or systems factors.

Chart F-3: Degree of Preventability for Top Underlying Causes of Reviewed Pregnancy-Related Deaths by Rating of Chance to Alter Outcome, Texas, 2013 (N=44 of 54 Reviewed Pregnancy-Related Deaths)[i]



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TexasAIM Postpartum Hypertension Bundle

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
safe health care for every woman

PATIENT SAFETY BUNDLE | Hypertension

READINESS

Every Unit

- Standards for early warning signs, diagnostic criteria, monitoring and treatment of severe preeclampsia/eclampsia (include order sets and algorithms)
- Unit education on protocols, unit-based drills (with post-drill debriefs)
- Process for timely triage and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas
- Rapid access to medications used for severe hypertension/eclampsia: Medications should be stocked and immediately available on L&D and in other areas where patients may be treated. Include brief guide for administration and dosage.
- System plan for escalation, obtaining appropriate consultation, and maternal transport, as needed

RECOGNITION & PREVENTION

Every Patient

- Standard protocol for measurement and assessment of BP and urine protein for all pregnant and postpartum women
- Standard response to maternal early warning signs including listening to and investigating patient symptoms and assessment of labs (e.g. CBC with platelets, AST and ALT)
- Facility-wide standards for educating prenatal and postpartum women on signs and symptoms of hypertension and preeclampsia

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RESPONSE

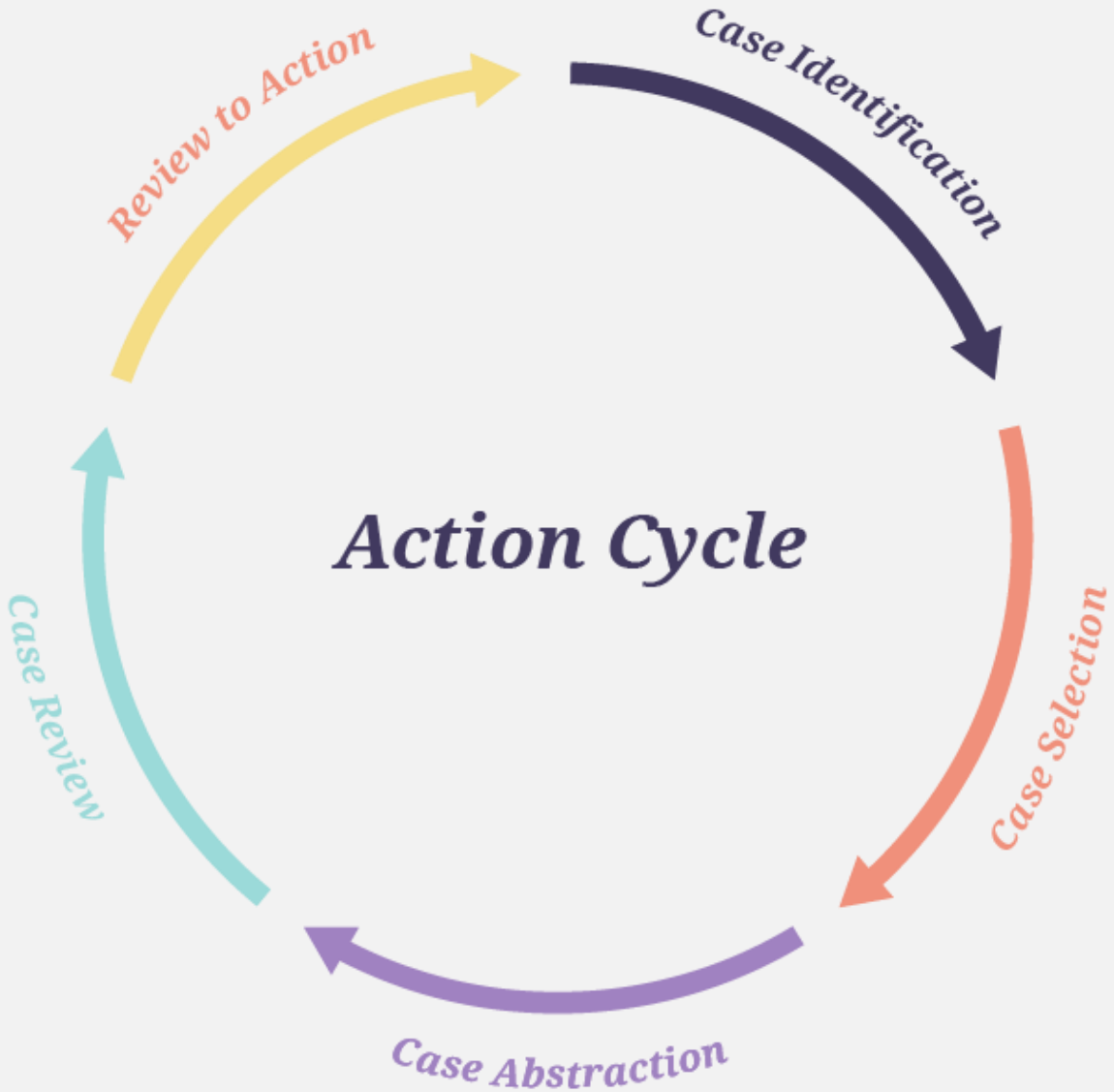
Every case of severe hypertension/preeclampsia

- Facility-wide standard protocols with checklists and escalation policies for management and treatment of:
  - Severe hypertension
  - Eclampsia, seizure prophylaxis, and magnesium over-dosage
  - Postpartum presentation of severe hypertension/preeclampsia
- Minimum requirements for protocol:
  - Notification of physician or primary care provider if systolic BP =/> 160 or diastolic BP =/> 110 for two measurements within 15 minutes
  - After the second elevated reading, treatment should be initiated ASAP (preferably within 60 minutes of verification)
  - Includes onset and duration of magnesium sulfate therapy
  - Includes escalation measures for those unresponsive to standard treatment
  - Describes manner and verification of follow-up within 7 to 14 days postpartum
  - Describe postpartum patient education for women with preeclampsia
- Support plan for patients, families, and staff for ICU admissions and serious complications of severe hypertension

REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of all severe hypertension/eclampsia cases admitted to ICU for systems issues
- Monitor outcomes and process metrics



Future Initiatives

PPH Bundle

HTN Bundle

Opioid Bundle

How do we support this effort?

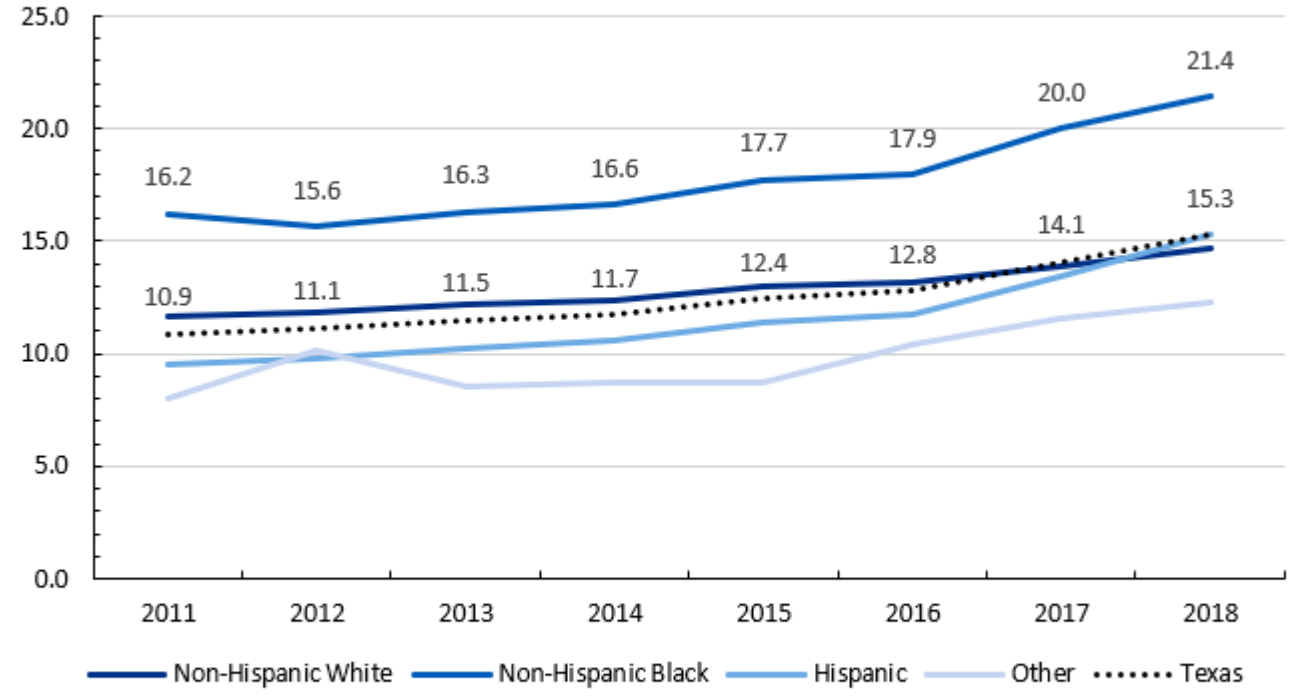
- Implementation of Maternal Early Warning Systems
- Interaction and collaboration with emergency departments
- A robust system for medication delivery for severe HTN and eclampsia
- A robust education program for patients
- Support programs for patients, families and providers
- System resources and support for simulation

FOCUS on EQUITY

Disparity in Hypertension

Rates of delivery hospitalizations involving hypertensive disorder were highest among Non-Hispanic Black mothers and varied by county.

Figure H-4: Delivery Hospitalization Involving Hypertensive Disorder Rates by Race/Ethnicity, Texas, 2011-2018[i]

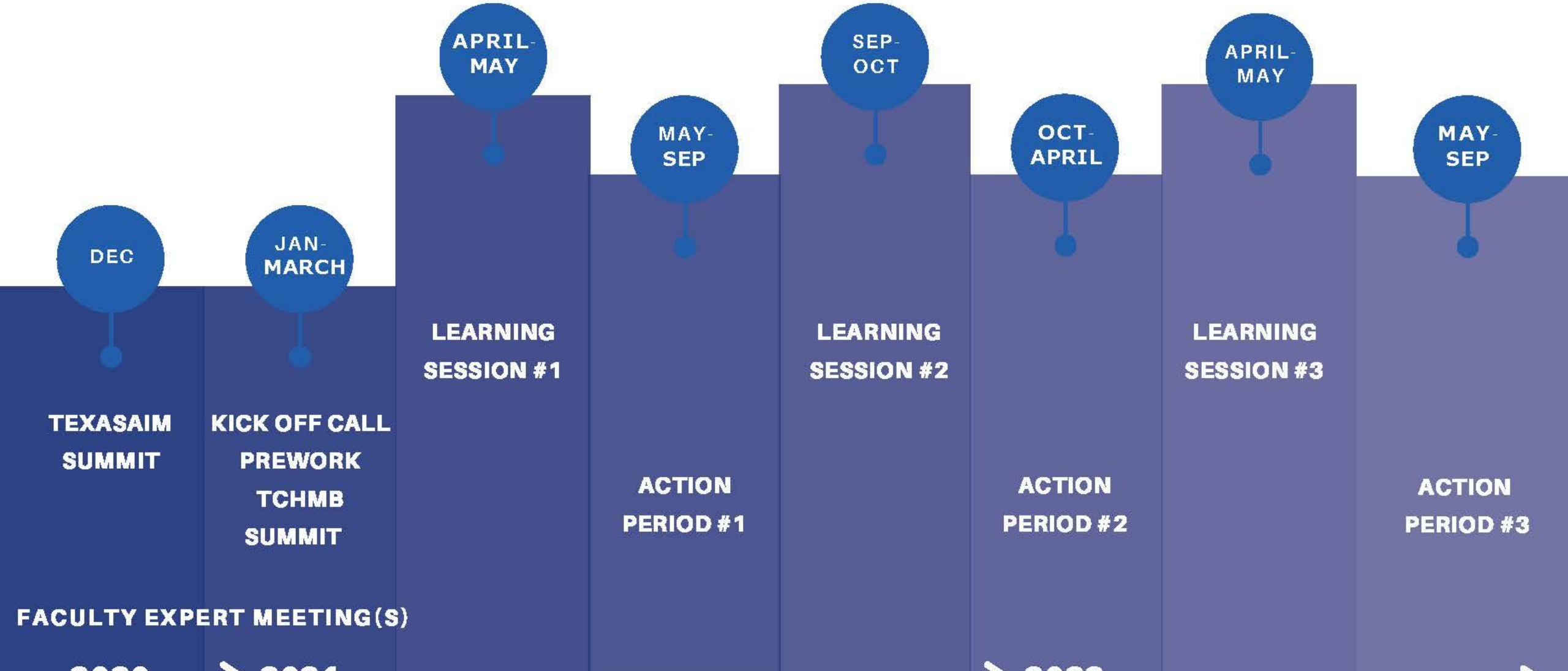


[i]PREPARED BY: Maternal & Child Health Epidemiology, Division for Community Health Improvement, the Department of State Health Services (DSHS).

Support for team-based simulation training

TexasAIM Safe Care for Every Mother

HTN Learning Collaborative Timeline



What can *you* do to support your team to reduce hypertension-related morbidity and mortality?

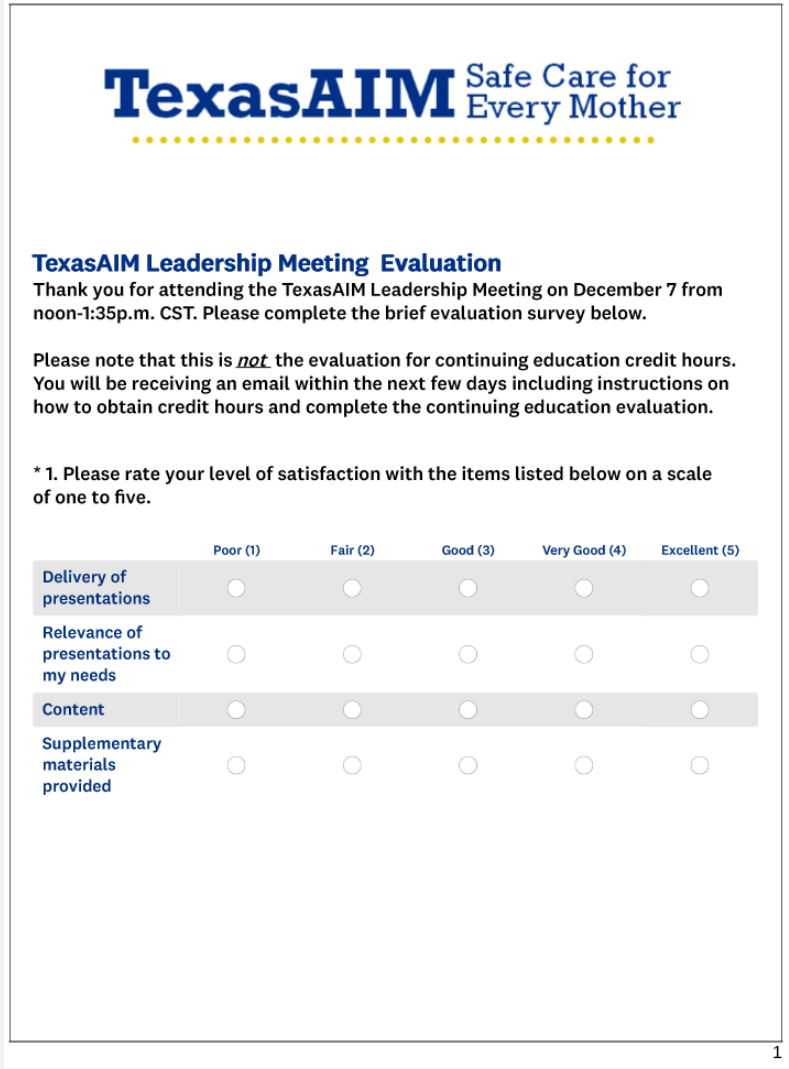
After the Meeting

- If you are requesting CEU credits, please complete **TODAY** the Continuing Education Evaluation for TexasAIM Leadership Meeting that will be sent to you after the meeting.
- Meet with your team, celebrate your success and establish an action plan for your team's next steps.
- Enroll for the TexasAIM Severe Hypertension in Pregnancy Learning Collaborative.

Questions? Please email TexasAIM@dshs.texas.gov.

TEXAS Health and Human Services
Texas Department of State Health Services

Leadership Meeting Evaluation



TexasAIM Safe Care for Every Mother

TexasAIM Leadership Meeting Evaluation

Thank you for attending the TexasAIM Leadership Meeting on December 7 from noon-1:35p.m. CST. Please complete the brief evaluation survey below.

Please note that this is *not* the evaluation for continuing education credit hours. You will be receiving an email within the next few days including instructions on how to obtain credit hours and complete the continuing education evaluation.

* 1. Please rate your level of satisfaction with the items listed below on a scale of one to five.

	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
Delivery of presentations	○	○	○	○	○
Relevance of presentations to my needs	○	○	○	○	○
Content	○	○	○	○	○
Supplementary materials provided	○	○	○	○	○

1

We want to hear from you!

- **Please complete the brief TexasAIM Leadership Meeting Evaluation:**
- **https://tinyurl.com/TexasAIMLeadershipEval**
- A link to the evaluation will be posted in the **Chat box**
- You will also receive the survey link in a **follow-up email** sent to you later today
- Please note that this is *not the evaluation for continuing education credits*

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Texas Collaborative for
Healthy Mothers & Babies

2021 TCHMB
Virtual Summit

February 11-12, 2021

REGISTER NOW

tchmb.org/2021-summit

Thank you!

TexasAIM@dshs.Texas.gov